

Substitute for form 1449A&B/PTO				Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)				<i>Application Number</i>	10/586,406
				<i>Filing Date</i>	January 19, 2005
				<i>First Named Inventor</i>	Okabe, Ayako
				<i>Art Unit</i>	1647
				<i>Examiner Name</i>	Stoica, Ely Gerald
Sheet	1	of	1	<i>Attorney Docket Number</i>	082368-008400US

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Kind Code ² (if known)			
		US-			

FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No. ¹	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁴
		Country Code ²	Number ³	Kind Code ² (if known)				
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NON PATENT LITERATURE DOCUMENTS					
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.			T ²
	2	"MedImmune discontinues rheumatoid arthritis and psoriasis trials for Vitaxin(R)." MedImmune Press Release, August 30, 2004. Retrieved from internet 05/31/07 from url: http://phx.corporate-ir.net/phoenix.zhtml?c=83037&p=irol-newsArticle_print&ID=607978&highlight=WILDER, R.L., "Integrin alpha v beta 3 as a target for treatment of rheumatoid arthritis and related rheumatic diseases," 2002, <u>Annals of the Rheumatic Diseases</u>, vol. 61(S2), pp. ii96-ii99.			<input type="checkbox"/>
	6				<input type="checkbox"/>

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Examiner Signature	/Ely Gerald Stoica/	Date Considered	09/05/2008
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* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

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